

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3	1					
4	2					
5	(1)					
6	(1)					
7	(2)					
8	(1)					
9	1					
10	(1)					
11	(2)					
12	(1)					
13	(2)					
14	(1)					
15	(1)					
16	(1)					
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49						
50						

TOTAL IND.

1



TOTAL DEP.

15



TOTAL CLAIMS

18



TOTAL IND.

1



TOTAL DEP.

15



TOTAL CLAIMS

18

